

APPLICATION FOR WRITTEN CONSENT UNDER THE VIOLENT CRIME CONTROL AND LAW ENFORCEMENT ACT OF 1994

Pursuant to the Federal Violent Crime Control and Law Enforcement Act of 1994, an individual working for an entity regulated by the Indiana Department of Insurance (IDOI), who has a felony conviction, must obtain a written waiver from the Indiana Commissioner of Insurance before being eligible to participate in the business of insurance. The following application is necessary for the Commissioner to determine eligibility. If the applicant needs more room to form a complete answer than provided within the application, the applicant may finish the answer on an attached sheet, typed and double-spaced, responding to the question asked.

The Indiana Commissioner's determination of fitness to participate in the business of insurance is based on the applicant's truthfulness regarding the facts disclosed. An applicant must answer each question with utmost honesty and completeness. The application will not be considered until all required documentation is provided to the Commissioner of Insurance.

A. Personal Information

Full Name:_____ Social Security Number:_____

Address:_____

Any Other Legal Name Used:_____

Dates Used: _____

Any other Social Security Number Used:_____ Dates Used:_____

B. Job Position and Employee

Insurer Employer Name: _____

Insurer Employer Address: _____

Job Title of Position Sought/Currently Holding: _____

Description of Duties Associated with Position:_____

Description of Duties Associated with position: _____

Present Employment/ Business Activity:

Any Professional License Currently Held Regarding the Business of Insurance?

Yes _____ No _____

Any Professional License Regarding the Business of Insurance Held at Any Time in the past (Including Being a Producer, agent, Broker, Solicitor, or Third-Party Administrator)?

Yes _____ No _____

If so, what is the license? _____

Date Received License: _____

Have You Ever Received a Consumer Complaint, Administrative or Other Legal Proceedings Filed Against You Regarding Your Insurance Activities?

Yes _____ No _____

If Yes, When Was the Complaint, or Proceedings Commenced? _____

In what State and/or States Was the Proceeding Commenced? _____

What Were the Results of the Complaint or Proceedings?

As a Result of the Complaint or Proceedings, Has Your License Ever Been Revoked, Suspended or Otherwise Administratively Sanctioned?

Yes _____ No _____

If Yes, Please describe;

What Was the Date of Suspension? _____

What was the Date of Revocation? _____

C. Felony Conviction

Felony Conviction Charge: _____

Date of Felony Conviction: _____

Age at Time of Felony: _____ Court Where Convicted: _____

Location of Felony Conviction (City and State): _____

Penalty and/or Sentence:

Description of Details Regarding Felony Conviction:

Do You Have Any Outstanding Court Costs, Supervision, Fees and Restitution that Still Need to be Paid?

Yes: _____ No: _____ The Court Ordered No Payments: _____

If so, What is the Payment Schedule? _____

In What Way Will the Criminal Offense Have Any Bearing on your Fitness of Ability to Perform Duties, Activities or Responsibilities Required in the Position Sought?

Has a Full or Partial Pardon Been Obtained for the Offenses? Yes ____ No ____

Is There Any Evidence of Extenuating Circumstances Surrounding the Commission of the Offense?

List Any Evidence of Rehabilitation:

In addition to filing a complete application with the Commissioner of Insurance, an applicant must include:

- 1) A certified copy of the order of judgement of the felony conviction;
- 2) A certified copy of a court document substantiating payment of fees, court costs, fines and restitution;
- 3) Applicant's criminal history record obtained from the Indiana State Police;
- 4) An affidavit from the insurer's president (or lawfully delegated designee) that states: the applicant will perform the insurance activities fully described in the application, the application is in his/her opinion a true and correct statement of facts, and the applicant will not be placed in a position where his/her activities will constitute a risk or threat to insurance consumers or the insurer; and,
- 5) Copy of Photo Identification.

The Applicant agrees that the above application is conditioned on the truth of the information and the applicant remaining in the position listed on the application. Additionally, the applicant hereby verifies that the above application is a true, accurate and complete statement of facts:

Signature of Applicant: _____

Applicant Name: _____

Date Signing Application: _____

STATE OF INDIANA)
)
COUNTY OF _____) SS:

Before me a Notary Public for _____ County, State of
Indiana, personally appeared _____ and being first
duly sworn by me upon his/her oath, says that the facts alleged in the foregoing
instrument are true.

Signed and sealed this _____ day of _____, 1999.

Notary Public, Signature

Notary, Printed Name

My Commission Expires: _____

County of Residence: _____

Return to:

INDIANA DEPARTMENT OF INSURANCE
311 W. Washington Street, Suite 300
Indianapolis, IN 46204-2787
Phone: (317) 233-2385